

**MF-629**SF# 49089
(10-03)**Indiana Department of Revenue
Change of Name/Address Form****Do not** use this form to report changes in ownership.

Check all that apply:

☐ Name Change☐ Address Change**Previous Name and/or Address**

Taxpayer Name:		
DBA Name:		
Address:		
City:	State:	Zip Code:

New Name and/or Address

Taxpayer Name:		
DBA Name:		
Address:		
City:	State:	Zip Code:

Please provide all license numbers to which the above change applies:

1. TID: _____
2. Special Fuel License Number: _____
3. Gasoline Distributor's License Number: _____
4. Indiana Prepaid Sales Tax License Number: _____

Signature:	Typed or Printed Name:	Title:
TID:	Date Signed:	Telephone Number: ()